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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BEYOUSTUDIO LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	.		
	BEYOUSTUDIO LLC		
Name of the Limited 1		TE OR OUT PROPERTY	•
(A1	ightlity Company as it now appear	3 00 000 1 FCU(05.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	06/26/2023	and assigned
Florida document number 1.23000306919			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	ere:	
BE YOU STUDIO LLC	4		•
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the	obbreviation "L.I.C."
Enter new principal offices address, if applicable			
•			
<u>Principal office address MUST BE A STREET A</u>	DDRESS)		
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX	an.		```
			٠٠٠٠
3. If amending the registered agent and/or regis	tered office address un our ro	roords enter the no	me of the name english
gent and/or the new registered office address he	ere:	contras, enter the tia	
			-
Name of New Registered Agent:			വ
- Santa A Bruss			**************************************
New Registered Office Address:			
	Enter Flor	ida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O-, if this document is heing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Remove
			□ Change
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		127	Change
			D.Ada
			□Remove
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fective date, if other than the	late of filing:	(Optional)
ofe: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable statutory partment of State's records.	(optional) g or more than 40 days after filing.) Pursuant to 605,0207 filing requirements, this date will not be listed as
evord specifies a delayed effective is filed.	date, but not an effective time, at 12:01.	a.m. on the earlier of: (b) The 90th day after the
AUGUST 9TH	2023	
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Typed or printed name of signee